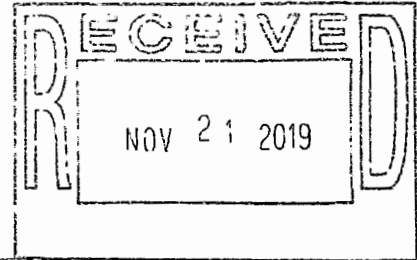


FORM TO BE USED BY A PRISONER FILING A
42 U.S.C. § 1983 CIVIL RIGHTS COMPLAINT
IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

I. CAPTION

Joel Requena
(Enter the full name of the plaintiff or plaintiffs)
v

Prime Care Medical
Amanda Benner
(Enter the full name of the defendant or defendants)



FILED

NOV 21 2019

KATE BARKMAN, Clerk
By _____ Dep. Clerk

II PARTIES

a Plaintiff
Full name Joel Requena
Prison Identification number 201256
Place of present confinement Lehigh County Prison
Address 38 North 4th Street Allentown PA 18102
Place of confinement at time of incidents or conditions alleged in complaint, including address
Lehigh County Prison, 38 North 4th Street Allentown, PA 18102
Additional plaintiffs: Provide the same information for any additional plaintiffs on the reverse of this page or on a separate sheet of paper

b Defendants: (list only those defendants named in the caption of the complaint, section I)

1 Full name including title Prime Care Medical
Place of employment and section or unit Lehigh County Prison
2 Full name including title Administrator Amanda Benner
Place of employment and section or unit Lehigh County Prison
3 Full name including title _____
Place of employment and section or unit _____
4 Full name including title _____
Place of employment and section or unit _____

Additional defendants Provide the same information for any additional defendants on the reverse of this page or on a separate sheet of paper

III PREVIOUS LAWSUITS

Instructions

If you have filed other lawsuits in any federal or state court dealing with the same facts as this complaint or other facts related to your imprisonment, you must provide the information requested below. If you have not filed other lawsuits, proceed to Section IV, Administrative Remedies, on this page.

If you have filed other lawsuits, provide the following information.

Parties to your previous lawsuit

Plaintiffs NA

Defendants A A

Issues: _____

Court if federal, which district? _____

if state, which county? _____

Docket number NA Date filed _____

Name of presiding judge. _____

Disposition: (check correct answer(s)): Date: _____

Dismissed _____ Reason? _____

Judgment _____ *In whose favor?* _____

Pending _____ Current status? _____

Other _____ Explain _____

Appeal filed? _____ Current status? _____

Additional lawsuits Provide the same information concerning any other lawsuits you have filed concerning the same facts as this action or other facts related to your imprisonment. You may use the back of this page or a separate sheet of paper for this purpose.

IV ADMINISTRATIVE REMEDIES

Instructions:

Provide the information requested below if there is an administrative procedure to resolve the issues you raise in this complaint. Examples of administrative procedures include review of grievances, disciplinary action, and custody issues. If no administrative procedures apply to the issues in this complaint, proceed to Section V, Statement of Claim, on page 4.

- a Describe the administrative procedures available to resolve the issues raised in this complaint

Type of procedure. (grievance, disciplinary review, etc.)

Grievance

Authority for procedure. (DC-ADM, inmate handbook, etc.)

Inmate Handbook

Formal or informal procedure. Informal

Who conducts the initial review? Lt Dugan

What additional review and appeals are available? Appeal to the
Warden

- b Describe the administrative procedures you followed to resolve the issues raised in this complaint before filing this complaint

On what date did you request initial review? 11-7-19

What action did you ask prison authorities to take? I needed for my left
knee to be examined, and I asked to have an eye exam

What response did you receive to your request? Grievance process
denied

What further review did you seek and on what dates did you file the requests?

Appealing to the warden

What responses did you received to your requests for further review?

Denied my appeal

- c If you did not follow each step of the administrative procedures available to resolve the issues raised in this complaint explain why?

V STATEMENT OF CLAIM

Instructions

State here as briefly as possible the facts of your case. Use plain language and do not make legal arguments or cite cases or statutes. State how each defendant violated your constitutional rights. Although you may refer to any person, make claims only against the defendants listed in the Caption, Section I. Make only claims which are factually related. Each claim should be numbered and set forth in a separate paragraph with an explanation of how the defendants were involved. Use the reverse of this page or a separate sheet of paper if you need more space.

Statement of Claim.

I've requested to have an eye exam back in August, I was told that I would be put on the waiting list. It is now November and I still have yet to be called down for an eye exam. Furthermore I complain about having pain on my left knee twice, and each time I was given morphine to take for 5 days. As we speak they refused to treat my medical needs.

VI RELIEF

Instructions Briefly state exactly what you want the Court to do for you.

Relief sought:

I would like to be examine and treated by an outside Hospital. For pain and suffering I'm asking for one million dollars.

VII DECLARATION AND SIGNATURE

I (we) declare under penalty of perjury that the foregoing is true and correct.

11-18-19

DATE



SIGNATURE OF PLAINTIFF(S)

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

19

5509

DESIGNATION FORM

(to be used by counsel or pro se plaintiff to indicate the category of the case for the purpose of assignment to the appropriate calendar)

Address of Plaintiff: 38 N. 4th Street, Allentown, PA 18102

Address of Defendant: _____

Place of Accident, Incident or Transaction: Lehigh

RELATED CASE, IF ANY:

Case Number _____ Judge _____ Date Terminated _____

Civil cases are deemed related when *Yes* is answered to any of the following questions

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is this case related to property included in an earlier numbered suit pending or within one year previously terminated action in this court? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Does this case involve the same issue of fact or grow out of the same transaction as a prior suit pending or within one year previously terminated action in this court? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Does this case involve the validity or infringement of a patent already in suit or any earlier numbered case pending or within one year previously terminated action of this court? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Is this case a second or successive habeas corpus, social security appeal, or pro se civil rights case filed by the same individual? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

I certify that, to my knowledge, the within case ☐ is / ☐ is not related to any case now pending or within one year previously terminated action in this court except as noted aboveDATE 11/21/2019 Daniel McComah
Attorney-at-Law / Pro Se Plaintiff Attorney ID # (if applicable)

CIVIL: (Place a ✓ in one category only)

A. Federal Question Cases:

- ☐ 1. Indemnity Contract, Marine Contract, and All Other Contracts
- ☐ 2. FELA
- ☐ 3. Jones Act-Personal Injury
- ☐ 4. Antitrust
- ☐ 5. Patent
- ☐ 6. Labor-Management Relations
- ☒ 7. Civil Rights 555
- ☐ 8. Habeas Corpus
- ☐ 9. Securities Act(s) Cases
- ☐ 10. Social Security Review Cases
- ☐ 11. All other Federal Question Cases
(Please specify) _____

B. Diversity Jurisdiction Cases:

- ☐ 1. Insurance Contract and Other Contracts
- ☐ 2. Airplane Personal Injury
- ☐ 3. Assault, Defamation
- ☐ 4. Marine Personal Injury
- ☐ 5. Motor Vehicle Personal Injury
- ☐ 6. Other Personal Injury (Please specify) _____
- ☐ 7. Products Liability
- ☐ 8. Products Liability - Asbestos
- ☐ 9. All other Diversity Cases
(Please specify) _____

ARBITRATION CERTIFICATION

(The effect of this certification is to remove the case from eligibility for arbitration.)

I, _____, counsel of record or pro se plaintiff, do hereby certify

☐ Pursuant to Local Civil Rule 53.2, § 3(c) (2), that to the best of my knowledge and belief, the damages recoverable in this civil action case exceed the sum of \$150,000.00 exclusive of interest and costs:☐ Relief other than monetary damages is soughtDATE _____
Attorney-at-Law / Pro Se Plaintiff Attorney ID # (if applicable)

NOTE A trial de novo will be a trial by jury only if there has been compliance with F R C P 38

TJS

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

CASE MANAGEMENT TRACK DESIGNATION FORM

Requena	:	CIVIL ACTION
	:	
v.	:	
	:	
PrimeCare Medical, et. al.		NO. 19 5509

In accordance with the Civil Justice Expense and Delay Reduction Plan of this court, counsel for plaintiff shall complete a Case Management Track Designation Form in all civil cases at the time of filing the complaint and serve a copy on all defendants. (See § 1:03 of the plan set forth on the reverse side of this form.) In the event that a defendant does not agree with the plaintiff regarding said designation, that defendant shall, with its first appearance, submit to the clerk of court and serve on the plaintiff and all other parties, a Case Management Track Designation Form specifying the track to which that defendant believes the case should be assigned.

SELECT ONE OF THE FOLLOWING CASE MANAGEMENT TRACKS:

- (a) Habeas Corpus – Cases brought under 28 U.S.C. § 2241 through § 2255. ☐
- (b) Social Security – Cases requesting review of a decision of the Secretary of Health and Human Services denying plaintiff Social Security Benefits. ☐
- (c) Arbitration – Cases required to be designated for arbitration under Local Civil Rule 53.2. ☐
- (d) Asbestos – Cases involving claims for personal injury or property damage from exposure to asbestos. ☐
- (e) Special Management – Cases that do not fall into tracks (a) through (d) that are commonly referred to as complex and that need special or intense management by the court. (See reverse side of this form for a detailed explanation of special management cases. ☐
- (f) Standard Management – Cases that do not fall into any one of the other tracks. 555 ☒

NOV 21 2019

Date

Daniel McCarman

Deputy Clerk

Attorney for

Telephone

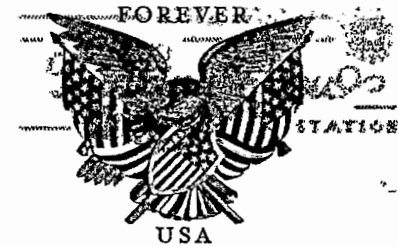
FAX Number

E-Mail Address

NAME: Joel Reguera 201256
LEHIGH COUNTY JAIL
38 NORTH 4TH STREET
ALLENTOWN, PA 18102-3489

LEHIGH VALLEY PA 180

19 NOV 2019 PM 11



To: Michael E. Kunz, Clerk U.S. District
Court, Eastern District of PA,
2609 U.S. Courthouse, 601 Market Street
Philadelphia, PA 19106

U.S. MAIL

1910681729

